

FEB 07 2010

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT

FORM B
For New Members, Candidates, and New Employees

Name: Martin Brink

Daytime Telephone: _____

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

18 FEB 14 PM 1:14

FILER STATUS	<input checked="" type="checkbox"/> New Member or Candidate for U.S. House of Representatives	State: <u>MI</u>	District: <u>09</u>	<input type="checkbox"/> Check if Amendment
	Candidates – Date of Election: <u>11-6-2018</u>			
	New Officer or Employee	Staff Filer Type (If Applicable):	Period Covered: January 1, <u>2016</u> to <u>Feb. 5, 2018</u>	<input type="checkbox"/> Principal Assistant <input type="checkbox"/> Shared
				<i>(Office Use Only)</i>

(Signature)
(Office Use Only)
A \$200 penalty shall be assessed against any individual who files more than 30 days late.

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	H. Did you file a tax return for the current year? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Martin C. Basile

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BLOCK A		BLOCK B												BLOCK C												BLOCK D													
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income													
<p>Identify: (a) each asset held for investment or indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.</p> <p>(b) any other reportable asset or source of income if an asset was sold during the reporting period and is included only because it generated income, the value should be "None."</p> <p>(Provide complete names of stocks and mutual funds (do not use only ticker symbols).</p> <p>For all IRA and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.</p> <p>For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.</p> <p>For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.</p> <p>Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.</p> <p>If you have a privately-held fund that is an Excepted Investment Fund, please check the "EIF" box.</p> <p>If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or jointly held with anyone (JT).</p> <p>In the optional columns on the far left, For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.</p>																																							
SP?	DC?	JT?	EIF?	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	I	II	III	IV	V	VII	VIII	IX	X	XI	XII	
				None																																			
				\$1-\$1,000																																			
				\$1,001-\$15,000																																			
				\$15,001-\$50,000																																			
				\$50,001-\$100,000																																			
				\$100,001-\$250,000																																			
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				\$5,000,001-\$25,000,000																																			
				\$25,000,001-\$50,000,000																																			
				Over \$50,000,000																																			
				Spouse/DC Asset over \$1,000,000*																																			
				NONE																																			
				DIVIDENDS																																			
				RENT																																			
				INTEREST																																			
				CAPITAL GAINS																																			
				EXCEPTED/BLIND TRUST																																			
				TAX-DEFERRED																																			
				Other Type of Income (Specify: e.g., Partnership Income or Farm Income)																																			
				None																																			
				\$1-\$200																																			
				\$201-\$1,000																																			
				\$1,001-\$2,500																																			
				\$2,501-\$5,000																																			
				\$5,001-\$15,000																																			
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				Over \$5,000,000																																			
				Spouse/DC Income over \$1,000,000*																																			

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Martin C. Brook

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Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Martin C. Breck Page 4 of 11

BLOCK A Assets and/or Income Sources		BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income												
ASSET NAME	EF			A	B	C	D	E	F	G	H	I	J	K	L	M
FSIVX - Fidelity International Fund	X	None														
FSRVX - Fidelity Red Estate Trust/Fund	X	\$1-\$1,000														
FUSVX - Fidelity Sun Index Fund	X	\$1,001-\$15,000														
TAU - I Shares Gold	X	\$15,001-\$50,000														
Core Cash Act	X	\$50,001-\$100,000														
MWTIX - MetLife Wealth + Income Fund	X	\$100,001-\$250,000														
HACAX - Harbor Capital Aggregation Fund	X	\$250,001-\$500,000														
HGITX - Harbor Core Equity Fund R5	X	\$500,001-\$1,000,000														
	X	\$1,000,001-\$5,000,000														
	X	\$5,000,001-\$25,000,000														
	X	\$25,000,001-\$50,000,000														
	X	Over \$50,000,000														
	X	Spouse/DC Asset over \$1,000,000*														
		NONE														
		DIVIDENDS														
		RENT														
		INTEREST														
		CAPITAL GAINS														
		EXCEPTED/BLIND TRUST														
		TAX-DEFERRED														
		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)														
		None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
		\$1-\$200														
		\$201-\$1,000														
		\$1,001-\$2,500														
		\$2,501-\$5,000														
		\$5,001-\$15,000														
		\$15,001-\$50,000														
		\$50,001-\$100,000														
		\$100,001-\$1,000,000														
		\$1,000,001-\$5,000,000														
		Over \$5,000,000														
		Spouse/DC Income over \$1,000,000*														
		None	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII		
		\$1-\$200														
		\$201-\$1,000														
		\$1,001-\$2,500														
		\$2,501-\$5,000														
		\$5,001-\$15,000														
		\$15,001-\$50,000														
		\$50,001-\$100,000														
		\$100,001-\$1,000,000														
		\$1,000,001-\$5,000,000														
		Over \$5,000,000														
		Spouse/DC Income over \$1,000,000*														

Use additional sheets if more space is required.

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: Martin C. Brack

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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income											
			A	B	C	D	E	F	G	H	I	J	K	L
HSRUX - Carillon Eagle Small Cap Growth Fund	X		None											
TUSUX - JPM Limited Duration Rx	X		\$1-\$1,000											
CDVIX - Oppenheimer Development Mkt's Fund	X	X	\$1,001-\$15,000											
RERGX - Euro Pacific Growth Fund	X	X	\$15,001-\$50,000											
RNPGX - New Perspective Fund R-b	X	X	\$50,001-\$100,000											
VMCIX - Vanguard Index Trust mid cap	X	X	\$100,001-\$250,000											
VSMSX - Very small cap stock	X	X	\$250,001-\$500,000											
S+P Small Cap 600			\$600,001-\$1,000,000											
			\$1,000,001-\$5,000,000											
			\$5,000,001-\$25,000,000											
			\$25,000,001-\$50,000,000											
			Over \$50,000,000											
			Spouse/DC Asset over \$1,000,000*											
			NONE											
			DIVIDENDS											
			RENT											
			INTEREST											
			CAPITAL GAINS											
			EXCEPTED/BLIND TRUST											
			TAX-DEFERRED											
			Other Type of Income (Specify: e.g., Partnership Income or Farm Income)											
			None	I	II	III	IV	V	VI	VII	VIII	X	XI	
			\$1-\$200											
			\$201-\$1,000											
			\$1,001-\$2,500											
			\$2,501-\$5,000											
			\$5,001-\$15,000											
			\$15,001-\$50,000											
			\$50,001-\$100,000											
			\$100,001-\$1,000,000											
			\$1,000,001-\$5,000,000											
			Over \$5,000,000											
			Spouse/DC Income over \$1,000,000*											
			None	I	II	III	IV	V	VI	VII	VIII	X	XI	
			\$1-\$200											
			\$201-\$1,000											
			\$1,001-\$2,500											
			\$2,501-\$5,000											
			\$5,001-\$15,000											
			\$15,001-\$50,000											
			\$50,001-\$100,000											
			\$100,001-\$1,000,000											
			\$1,000,001-\$5,000,000											
			Over \$5,000,000											
			Spouse/DC Income over \$1,000,000*											

Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Martin C. Brule

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Martin C. Brack

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Use additional sheets if more space is required.

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Martin C. Brock

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Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Martin C. Brook

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and spouse, list the amounts separately.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Source (include date of receipt for honoraria)	Type	Amount	
		Current Year to Filing	Preceding Year
ABC Trade Association, Baltimore MD (July 15)	Honorarium	\$0	\$300
State of Maryland	Salary	\$20,000	\$16,000
Civil War Roundtable (Oct. 2)	Spouse Speech	\$0	\$1,000
Ontario County Board of Education	Spouse Salary	N/A	N/A
Dagetree, Deakins, Nech, Smuck and Stewart PLLC	Salary	\$14,353.50 (2018)	\$191,242 (2017)
Dagetree, Deakins, Nech, Smuck and Stewart PLLC	SS	N/A	N/A
Forgotten Harvest	SS	N/A	N/A

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Martin C. Brook

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members** and **second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Employee (Non-equity Shareholder)	Ogletree, Deakins, Nash, Smoak and Stewart PLLC

Use additional sheets if more space is required.

SCHEDULE F – AGREEMENTS

Name: Walter C. Smith

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	None	None

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Use additional sheets if more space is required.